in this country. Two years and a half later death occurred, and dilated and hypertrophied heart, with adherent pericardium, was found complicated with mitral insufficiency. No trace of the operation remained.

4. In the *Kansas* volume Dr. J. A. COONS furnishes a report of a case of *neuromatous tumour, with excision of a section of the Sciatic Nerve*, where marked relief from pain was experienced, without decided paralysis, as "he was not only able to walk but performed considerable labour on the farm." He subsequently died from a return of the disease.

In an article upon *Antiseptic Surgery* Dr. T. S. FLOYD recommends a diluted fluid extract of eucalyptus (1 part to 7 of water), or the oil, as being excellent antiseptic agents for the treatment of wounds.

In a *report on Diphtheria*, Dr. J. ROSS recommends treatment with permanganate of potassium (gr. $\frac{1}{8}$) alternating with fluid extract of belladonna (gr. $\frac{1}{4}$) every two hours; with spray (of chlorate of potassium, hyposulphite of soda āā ℥ij, tincture of capsicum ℥j, alcohol ℥j and water ℥iv), every hour or two, to the throat F. W.

ART. XXXIV.—*The Skin in Health and Disease.* By L. DUNCAN BULKLEY, M.D. 16mo. pp. 148. Philadelphia: Presley Blakiston, 1880.

The Skin and its Troubles. Square 16mo. pp. 94. New York: D. Appleton & Company, 1879.

THESE two little volumes may be properly considered together as their general scope and aim are similar. Dr. Bulkley's reputation as a dermatologist insures the accuracy and usefulness of any work bearing his name, and the peculiar features of this book, the fulness of detail on the everyday care of the skin, the prevention of preventible eruptions and their hygienic treatment, and the common sense advice given, all show the practical cast of mind of its author. The book is divided into four parts: 1. The anatomy and physiology of the skin. 2. The care of the skin in health. 3. Diseases of the skin. 4. Diet and hygiene in diseases of the skin. Of these the only weak part is in the third division where, forgetting that he is addressing a popular audience, Dr. Bulkley gives an elaborate classification of skin diseases suitable only for the student of dermatology and follows it up with a description of the various affections ordinarily described in the text-books, some of which are so rare as to be scarcely ever seen even by the specialist. This is the only blemish in a book which otherwise is in every way to be commended.

Of the second book under notice it is to be remarked that although bearing the imprint of an American firm it is an English production, filled with foreign words and allusions, and much less practical in tone than Dr. Bulkley's primer. The writer has evidently produced his book with great ease, *currente calamo* in fact, for it seems as if it might have been thrown off at a sitting. While it does not compare with its American rival, this anonymous production is interesting reading and contains many facts worth knowing particularly regarding the hair, cosmetics, etc.

A. V. H.

ART. XXXV.—*St. Thomas's Hospital Reports.* New Series. Edited by Dr. ROBERT CORY and Mr. FRANCIS MASON. Vol. X. 8vo. pp. xv., 491, 64. London: J. & A. Churchill, 1880.

DR. THOMAS B. PEACOCK, one of the consulting physicians to the hospital, furnishes a *Statistical Report on Cases of Rheumatic Fever treated during the years* 1872 *to* 1876 *inclusive*, in which, in a total of 394 cases, the mortality was only 1.5 per cent. No details, nor even mention of treatment, are communicated to explain this excellent result. Of the whole number 129, or 32.7 per cent., had some form of decided recent cardiac disease either alone or combined with old disease, and 40 others had old heart disease, so that there existed cardiac complication, either recent or old, in 169 cases or 42.8 per cent. (one case in 2.3); the proportion of recent cardiac disease being, as usual, greater in earlier periods of life. In by far the majority of cases the signs of cardiac disease were present at the time of admission; it is not therefore to be attributed to the treatment but rather to the neglect of treatment that this complication appeared.

An interesting but inconclusive paper is contributed by Dr. WILLIAM H. STONE, *On Hysteria and Hystero-Epilepsy*, in which hysteria is first condemned as a misnomer and finally adopted to indicate a functional neurosis, the outcrop from an inherited sensitive and mobile mental diathesis, under the influence of favourable conditions for its development. The following table of functional neuroses indicates the relationship of hysteria to other affections of this class.

"(1) In the first and commonest instance, the effect of sudden or chronic overstrain falls on the intellect, and causes the ordinary symptoms of insanity; or (2) it may lay hold of the emotions and the will, giving rise to the pseudomorphic phenomena of hysteria; or (3) the vaso-motor system of nerves may be overwhelmed; in which case we have exophthalmic goitre and its attendant circulatory derangement; it may (4) fasten on the motor tract of the spinal cord, and generate chorea which will be shown presently to come close on some forms of mental derangement; or (5) on the basic ganglia of the brain, when epilepsy is the result; or, lastly (6) on the inhibitory nervous apparatus of the heart causing a peculiar but easily distinguishable form of palpitation."

Illustrative cases are given of these different forms of nervous derangement, in which various hysterical phenomena were present.

The accessory symptoms of hysteria, especially anæsthesia, and hemianæsthesia, convulsions and delirium, are discussed to some extent, particularly the supposed influence of the magnet in the asserted phenomena of *le transfert* of Charcot. The observations of Charcot are criticized on account of their depending so largely upon subjective testimony of the patients; and also on the ground of a want of correspondence between the results claimed and the physical laws of magnetism. Experiments made by the writer, with a large electro-magnet upon himself, were with absolutely negative results; and Faraday's statement is also quoted that "he had never been able to trace the slightest physiological effect, whether sensorial, motor, or hypnotic, on himself when using the strongest magnetic fields then attainable." However, the application of more powerful currents to medical purposes, which are made practicable by the dynamo-magnetic machine may yet yield some decided physiological and therapeutical results.

In a continuation of this paper, the full notes of two cases of hystero-epilepsy are communicated in which the usual convulsive and paræsthetic phenomena were present and in which an apparent transfer of sensation followed the application of gold pieces to the skin, and subsequently anæsthesia disappeared after the application of a strong magnet. These phenomena as yet are without satisfactory explanation. The symptoms referable to the sense of sight, achromatopsia, and the like, are of much interest on account of their capability of being subjected to scientific investigation for accurate record and comparison from day to day, so that the statements of the patient may be verified or corrected. The precision of the results and the rigid methods pursued are distasteful to the hysterical subject, and these defects are, therefore, readily curable in most cases because the interest of the patient is enlisted in aid of the ophthalmic surgeon, an aid which is often lacking to the physician in treating the histrionic, emotional and gymnastic displays that are so familiar in so-called hysterical subjects.

Dr. Ord communicates the history of *A Case of Aneurism of the Aorta treated by Galvano-puncture*, in which a dilatation of the ascending part of the arch, with hour glass bulging between the second and fourth ribs, was treated with good temporary results by electro-puncture, using a Stöhrer battery, the current from 8 to 18 cells (size of plates not stated). Four insulated needles connected with the negative pole were introduced; the positive electrode was a sponge applied over the tumour. The patient died forty-nine days after the operation from the coagulation extending into the innominate artery. The specimen was placed in the museum. The track of the needles did not ulcerate.

The use of ergot is recommended in the treatment of internal aneurism, as a palliative, for regulating the blood pressure. The paper concludes with some extended observations upon the diagnosis of thoracic aneurisms; the physical signs being principally pulsation, in a position normally free from pulsation, tumour or bulge, thrill, murmur, and diastolic shock.

This paper is followed by a separate one in which the author gives the clinical histories of nineteen cases of aneurism.

The Initial Eruptions of Smallpox is the title of a short paper by Seymour J. Sharkey, M.B., Assistant Physician to the Hospital; in which twelve illustrative cases are quoted and several diagrams introduced. Two principal classes are distinguished; (I.) Erythematous, divided into (*a*) general (scarlatiniform, morbilliform) and (*b*) partial erythema (of extensor surfaces, of flexures), and (II.), hæmorrhagic (*a*) petechial, (*b*) consisting of larger hæmorrhagic area. Considerable attention has been directed to these initial rashes of smallpox of late years, especially by Dr. Osler of Montreal, and some German writers; they appear to be particularly marked in certain epidemics.

A Fatal Case of Poisoning by Santonin, in which six grains caused the death of a child five years old in thirty-five minutes, is reported by W. J. Kilner, M.B., convulsions appeared within a minute or two after giving the remedy (by mistake), and unconsciousness came on almost as soon. The post-mortem revealed healthy organs except the stomach, which presented patches of inflammation on its mucous surface in the greater curvature near the pylorus. The duodenum was inflamed throughout, the inflammation terminating abruptly with the termination of this part of the intestinal tract.

The paper concludes with some extended remarks upon the chemical properties of santonin, and the following note may have some clinical value: "The urine of a person, who has taken santonin, is a greenish-yellow, which turns crimson upon the addition of one of the alkalies or alkaline earths. The colour is intensified by heat. Of these reagents potash is the most delicate. . . . Nitric acid produces a transient purple, turning red; sulphuric acid a brownish-purple changing to a brown."

Dr. JOHN HARLEY presents a second communication on *Fool's Parsley* (Æthusa cynapium) in which he re-affirms the statement made in his former communication to these reports seven years ago, that the plant could be eaten with impunity, and shows that extracts of the fruit, leaves, or of the root, have no physiological effects upon man. The juice of the plant was given to four subjects in quantities from two drachms to four fluidounces without any effect whatever. In two patients suffering with spasmodic torticollis, quantities ranging from one to eight ounces were given with the same negative results. The conclusion of the writer, therefore, is that the statements in many of the text-books (including Ziemssen's Cyclopædia), in regard to the poisonous properties of the plant are entirely erroneous, and probably arise from confusion with the greater hemlock (conium), this plant being often called the lesser hemlock.

Notes on the Examination of the Bodies of Fifty Children, born Dead, or shortly Dying (second series), by ROBERT CORY, M.D., Assistant Obstetric Physician to the Hospital, are communicated in order to record pathological conditions, and to illustrate certain medico-legal questions. In two cases of syphilitic disseminated growths in the liver, ascites was present; the fœtus had perished, and had undergone maceration; a syphilitic history was found in the parents. The spots were put under the microscope, and seen to be in close relation with branches of the portal vein. The liver appeared to be primarily and chiefly affected, although the spleen was also enlarged; these features were also noticed in two cases of the previous series, making four cases in all, in which it may be stated, also, that the longest interval between the primary symptoms in one or the other parent, and the birth of the child was three years. Vegetations in the heart were an unusual occurrence, which was found in one case, where the child died a few minutes after birth, the disease being in the right side of the heart. Two cases of rupture of the liver occurred in cases of placenta prævia, in both of which turning and delivery by the feet had been practised. In one case (of twins) an ovarian cyst involved one-half of the right ovary; it was about 20 mm. in diameter. Investigating the streaks in the tubes of Bellini, as an evidence against stillbirth, it was "noticed that streaks in the kidneys were found in *all* the cases which had lived from forty-eight to fifty-six hours, but in none of the others, and that they were always found in *both* kidneys. They were never once seen, though looked for in the stillborn children." A mother suffering from osteo-malacia gave birth to a fœtus (after perforation of cranium) in which retarded ossification of the bones was very marked. With regard to the value of the static tests of respiration from a medico-legal point of view, the results showed that no reliance could be placed upon any conclusions drawn from the relative weight of the lungs to the whole of the body, to the liver, or to the kidneys in deciding the question of respiration. Experiments made to determine the effect of a fall to the floor in case of sudden birth with the mother standing, showed that, in the great majority of cases, one or both parietal bones would be

fractured. A table of the measurements, weight, and other data of the fifty cases, is appended to the paper; with a good lithographic illustration of the syphilitic disease of the liver as seen in section, and the streaks in the kidney before referred to.

An Analysis of Sixty-two Cases of Enteric Fever by WILLIAM M. ORD, Physician to the Hospital, and SEYMOUR TAYLOR, M.B., Demonstrator of Anatomy, contains the clinical notes of cases of typhoid, including eight fatal cases. Discussion of these cases is postponed until the next report.

WALTER J. KILNER, M.B., describes a *New Medical Galvanometer*, which offers the advantages of being very sensitive, and although delicate in its action, can be used at the bedside. It apparently offers great precision in measuring the resistance of tissues, and for comparison of the electrical reactions of different parts of the body.

In the *report of the Obstetrical Department*, there are 2007 single births, 16 twin-births, 1 triplet; among the single births 1945 presented by the vertex, and 29 by the breech. The forceps were used in 48 cases, podalic version was resorted to in 9, and cephalic version 3 times; out of their 12 cases of version 4 were still-born and 2 died within twenty-four hours of birth.

Hot water injections were used in four cases for the purpose of arresting hemorrhage, with perfect success. Only one maternal death occurred, with old pulmonary disease.

The usual summary of interesting medical cases is given in the *Medical Report*, which includes two interesting instances of recovery after belladonna poisoning. F. W.

First among the surgical contents of this number of the St. Thomas's reports are two papers by Mr. EDWARD NETTLESHIP, entitled *Diphtheritic Ophthalmia* and *On Cases of Congenital Day-blindness with Colour-blindness*. The first of these was prepared to be read before the British Medical Association, and an abstract of it has appeared in the *British Medical Journal*. The points of the paper are four, namely, 1. Is it worth while to retain the distinction between diphtheritic and pseudo-membranous ophthalmia? 2. What are the relations between diphtheritic ophthalmia and diphtheritic inflammation of other parts? 3. The conditions of the conjunctiva which favour diphtheritic inflammation; and, 4, the relative frequency of the affection in North Germany and England.

The paper shows considerable research, presenting a full *résumé* of what has been written upon the subject and giving references to the authorities consulted. Some new cases which have fallen under Mr. Nettleship's own observation are given in detail.

In his second paper Mr. Nettleship bases his remarks upon seventeen cases seen by himself. Attention is called to the hereditary element existing in many of the instances of this defect, and the fact is dwelt upon that improved vision in a dull light is a conspicuous feature of them.

Mr. SAMUEL OSBORN, F.R.C.S., Chloroformist to the Hospital, contributes some very interesting *Annotations on Anæsthetics*. The subject is one of great importance, and every contribution consisting of careful observations upon it cannot fail to be of value in aiding surgeons to arrive at a conclusion as to which anæsthetic should be commonly resorted to by them. Mr. Osborn tells us that in St. Thomas's Hospital nitrous oxide is used solely for dental operations, its prolonged administration being considered dangerous. For longer operations the rule is to give chloroform

to children under five, and to adults over sixty years of age. This preference is given on account of the smaller amount of bronchial irritation excited by chloroform, and even this reason for its employment is hardly thought to exist in the case of children. Ether is given in all other cases "*because of its undoubted greater safety*," a statement surely sufficiently comprehensive to satisfy the most ardent advocate for its use.

Mr. Osborn prefers to give chloroform on a simple layer of lint, while he invariably uses a Clover's apparatus for the administration of ether. Many excellent practical suggestions are given as to the precautions to be resorted to in administering an anæsthetic, and the steps to be taken should unpleasant or dangerous symptoms present themselves while the patient is under their influence, but they are not new. Mr. Osborn concludes his article with the following aphorisms, which we transcribe for the benefit of our readers, as sound and embodying the judgment of one entitled to consideration from his ample experience, and because they coincide with the universal opinion of practical surgeons.

1. Always have the anæsthetic given by some one who is in the constant habit of administering it, and who will attend to that solely.
2. Never administer anæsthetics unless absolutely necessary.
3. Neither ether nor any other anæsthetic is absolutely safe.
4. Never keep a patient under the influence of any anæsthetic longer than is absolutely necessary.

Mr. H. H. CLUTTON, M.B., F.R.C.S., Assistant Surgeon to the Hospital, furnishes a paper headed *Jottings from the Surgical Out-patient Room* which narrates several interesting cases, but as they cannot be grouped together we can only mention them by name. They are: Bullous dermato-syphilis, occurring in a woman twenty-one years old; compensating hypertrophy of testis in a boy of fourteen; neuralgia and vaso-motor disturbance from a scar, following the bite of a dog, in the case of a boy aged fourteen; galactocele, in a woman of thirty-nine; galactorrhœa, in one aged twenty-four; a fibro-cellular tumour of the perineum in a man aged sixty-seven, and two cases, in which multiple fatty tumours occurred in women respectively forty-three and forty-eight years old. The article concludes with a strong endorsement of the use of Martin's rubber bandages in the treatment of ulcers, and in all other cases which call for continued compression.

On the Surgical Cases in which Lister's Plan of Treating Wounds is Preferable to any other Method of Dressing, is the somewhat lengthy title of a paper by Mr. JAMES F. WEST, F.R.C.S., the distinguished senior surgeon to the Queen's Hospital, Birmingham. It consists of an article read before the Midland Medical Society, in which its author most emphatically endorses the Listerian method of dressing wounds. Mr. West claims that "its practice enables us to undertake certain operations that we dared not formerly perform, and that we may do them with a far greater prospect of success than with any other known method of after treatment." Mr. West then reviews some of the anti-Listerian arguments of Messrs. Savory and Callender, and follows them with his own views and those of others concerning the advantages possessed by the antiseptic method in osteotomy, herniotomy, ovariotomy, excision of the large joints, and in wounds of joints.

It is needless to say that Mr. West is an enthusiastic advocate for the antiseptic plan. Though we may think he attributes to it greater virtues, and paints its advantages in more rose-coloured hues than sober experience

will always find attached to it, yet we may safely say that his experience goes to confirm the opinion of many other surgeons, that in the Listerian method we have a most important and valuable aid to surgical proceedings.

The next surgical paper is one of great interest by Mr. JOHN SIMON, C.B., and Consulting Surgeon to the Hospital, on *Operations for Retention of Urine dependent upon Stricture of the Urethra.* It affords a remarkable illustration of the fact that interest and value are not only to be looked for in something new, for it is a lecture delivered to the Hospital class twenty-eight years ago, and now reprinted. Although so old its conclusions are so sound, that surgeons of to-day may read it with profit, and find much of the fog with which the subject has been surrounded by some modern writings, dispelled by its clear statements. The operation for complete retention first proposed by Mr. Simon, and ever since practised by him is that which is quite commonly known as Cock's operation, in which the urethra is opened by external incision immediately in front of the prostate gland. Indeed it would seem to have been with the object of calling the attention of the profession to the fact that this measure was first formally proposed by him that Mr. Simon has now republished his lecture. Yet Mr. Simon does not think the expedient was original with him, or any other living surgeon, it having been at least partially described by Sir Charles Bell as early as 1838, as a means of escape from what is known as the perineal section. Mr. Simon recommends his operation in those very rare cases where it is impossible to pass the stricture, and in those where urgent constitutional symptoms prevent waiting for gradual dilatation, or where extravasation has already taken place. In any case Mr. Simon only regards it as a palliative measure until the stricture can be dilated, yet in those instances where complete destruction of the canal has occurred and cicatricial tissue has been substituted in its place he thinks it affords as good permanent relief as can be found. It is pleasant to hear those old surgical virtues, patience, perseverance, and anatomical knowledge, extolled by Mr. Simon, and many surgeons of to-day may well profit by his advice.

Mr. WILLIAM MAC CORMAC writes *On a Case of Extrophy of the Bladder in which Granulating Flaps were employed to cover the exposed Vesical Surface.* This method of using granulating flaps was first described and practised by Thiersch of Leipsig, and Mr. Mac Cormac considers it preferable to any of those operations where the skin is turned in towards the bladder. It consists of dissecting suitably sized flaps up from the aponeurotic structures beneath, but leaving them attached at either end until they have granulated and become thickened, when they are separated at the upper end and slid into position. Only one flap is prepared at a time and strips of oiled lint are kept between it and the abdominal surface, which is also granulating, until the proper time to transplant it has arrived. In some cases one flap is sufficient, while in others, as in that of Mr. Mac Cormac, two are required. A successful issue was attained in about a year, which is the usual time, that is such a measure of success was obtained as can be looked for in these distressing cases. Mr. Mac Cormac's paper is very well written, and illustrated with cuts and a diagram, which help to make the steps of the operation more plain than we can hope to do without them.

The title of the next surgical paper is *On Lengthening of the Limb as a Result of Knee-joint Disease* by W. W. WAGSTAFFE, B.A., F.R.C.S., Senior Assistant Surgeon to the Hospital. It is based upon the measure-

ment of the limbs in twenty-five cases of knee-joint disease. The result of these measurements leads Mr. Wagstaffe to think that important aids to prognosis and diagnosis may be obtained by careful attention to them. He thinks that from the limited number of cases he has observed the following conclusions may be formulated: 1. Long-standing disease, in the young and quickly growing, is frequently attended with change in the length of the limb; 2, lengthening of the femur or tibia is more common than shortening; 3, lengthening is most commonly found in the femur; 4, lengthening of one bone may, or may not be, accompanied with lengthening of the other; 5, usually only one bone is affected; 6, in the femur the lengthening varied in his cases from .6 cm. to 3.1 cm., and that in those cases where it existed at all it amounted to an average of 2 cm.; 7, marked alteration in the length of the bone may be regarded as presumptive evidence of disease in it; 8, increased length indicates active inflammatory disease near the epiphyseal line and that when no change of length follows long-standing disease, the affection is probably synovial; 9, the permanence of these changes in length is at present only conjectural, and, 10, that careful measurements will aid in localizing the disease, and in diagnosing its character in young and growing subjects.

We agree with Mr. Wagstaffe in thinking that the number of cases as yet observed with reference to this question are too few to safely base generalizations upon, and while his paper is suggestive we think the normal difference between the two sides of the body, and especially of the lower limbs, shown to exist by the examinations of Hunt, Cox, Wight and Hamilton, is a factor which seriously interferes with estimates based upon such slight differences as 1 or 2 cm. S. A.

Art. XXXVI.—*A Manual of Medical Jurisprudence.* By ALFRED SWAINE TAYLOR, M.D., F.R.S., Eighth American, from the tenth London Edition; *edited with additional notes and references*, by JOHN J. REESE, M.D., Prof. of Med. Jurisp. and Tox. in Univ. of Penna., etc. 8vo. pp. 933. Philadelphia: Henry C. Lea's Son & Co., 1880.

THE American editions of this standard manual have for a long time laid claim to the attention of the profession in this country; and that the profession has recognized the claim with favour, is proven by the call for frequent new editions of the work. This one, the eighth, comes before us as embodying the latest thoughts and emendations of Dr. Taylor, upon the subject to which he devoted his life, with an assiduity and success, which made him *facile princeps* among English writers on Medical Jurisprudence; we regard it as a gratifying evidence of the growing community of aim and interest, which should bind together the mother country and her growing child, that Dr. Taylor should have expended his latest labours in helping to make this foreign edition of his work more perfect. Indeed, despite the prominence which French and German scientists have deservedly attained, no writer can hope to have so many readers as he who writes in the English tongue, and it is this fact which has made the name of Alfred Swaine Taylor as well known in America as in the country which gave him birth.

Of the character of a book so well and favourably known, it is hardly